

## VHA Diabetes Clinics and Programs

Following is a list and very brief description of diabetes clinics throughout the VHA system obtained from the Needs Assessment. We will continue to add to this list as we receive additional information through the Needs Assessments. If you would like more information on any of these clinics contact Bonnie BootsMiller at the QUERI-DM Coordinating Center (734) 930-5144 or [bjbootsm@umich.edu](mailto:bjbootsm@umich.edu).

### High Risk Clinics

Jackson -	Clinic established to provide primary care and intensive diabetes management for patients with Type I and Type II Diabetes.
Long Beach-	High Risk Diabetes Intervention Program – aggressive program to improve care for patients with A1c > 9.5.
Oklahoma City-	Complicated Type 2 Diabetes Clinic – provides short term aggressive pharmacologic treatment for patients with HgbA1c>8.
Pittsburgh-	Referral clinic for patients with diabetes who cannot achieve glycemic control targets, have hypoglycemia episodes, or dyslipidemia.
Providence-	Primary care provider referral clinic - provides pharmacological management to patients with difficult to control diabetes.
San Diego-	Access program - patients with Type 1 diabetes, and Type 2 diabetic with complex medical problems are assigned to diabetes specialist clinician who functions as the patients primary care provider.

### Self Blood Glucose Monitoring Clinics

Bay Pines-	Once a day or every other day blood sugar testing – provides quality of care at a low cost by testing blood sugar less frequently when feasible.
Mountain Home-	Glucose Monitor Screening Team – interdisciplinary team screening of patients to determine if they meet the medical center's criteria for receiving a glucose monitor.
Providence-	Glucometer Check/Meter Exchange Clinic - provides performance checks on meters, and reviews home glucose monitoring techniques with patients.
Sheridan-	R.N. Glucose Monitor Clinic – 1 hr. class when glucose monitor is received.

### Foot Clinics

Bay Pines-	Diabetic Foot Clinic –To improve quality of care and prevent amputations.
Biloxi-	Foot Clinic – staffed by rehabilitation specialist to identify appropriate footwear, full contact checking of ulcers, preventative care.
Fort Harrison-	Newly hired podiatrist for increased screening and evaluation of diabetes foot related problems.
Houston-	PACT Clinic – Focuses on identification of at risk patients and prevention of limb loss.
Jackson-	Diabetes High Risk Foot Clinic – In conjunction with PACT programs to provide early intervention techniques/treatment to decrease lower limb loss.
Memphis-	High risk foot clinic - No description.
White River Junction-	One stop shop with vascular surgery, podiatry, and occupational therapy (shoe gear).
Wilkes-Barre-	PACT Program run by physical therapy and other disciplines to prevent amputations.

### Screening Clinics

Montgomery-	Interdisciplinary Diabetes Health Education & Screening Clinic – multidisciplinary group clinic to screen and educate patients with diabetes.
Providence-	Diabetes Nurse Educator Clinic & Outpatient Nutrition Clinic – To screen patients with diabetes and assist them in identifying their self care, educational, and lifestyle/behavior change needs.

### Recommended Processes (EPRP measures)

Richmond-	Mass complication screening of all diabetics doing home glucose monitoring at time of meter change.
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**Miscellaneous Clinics**

Asheville-	Diabetes/Primary Care Initiative – Will provide comprehensive primary/secondary and tertiary care (beginning early 1999).
Charleston-	Telephone Clinic – Phone calls to patients as needed.
Chicago (Lakeside)-	Diabetes Health Care Clinic in a Satellite Clinic – A system of physicians, NPs, RNs, and dietitians, using education and follow-up.
Long Beach-	(1) Outpatient Diabetes Center – Projected opening Spring 1999. To provide comprehensive diabetes care in a central location. (2) Annual Group Visit – Projected Implementation Fall 1999 - To address the majority of EPR, Chronic Disease Index and Clinical Practice Guidelines for Diabetes, HIV, Obesity, and more.
Providence-	Referral clinics support to primary care physicians with screening, and assistance with diabetes management – Optometry, PACT, Podiatry, Diabetes Nurse, Nutrition Clinic, Renal.
Wilkes-Barre-	Diabetes Clinic - This clinic provides management and education by nurse practitioner, CDE.